Headquarters U.S. Air Force

Integrity - Service - Excellence

AFMS Group

7 Apr 04
1300-1530

U.S. AIR FORCE

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AFMS Group Agenda

- **Approval of Minutes – Mr. Costa** **1 Min**
- **SG Vector Check Update – Mr. Gooding** **15 Min**
- **AFMS Strategic Planning Directive – Lt Col Chini** **20 Min**
- **FY06-11 MilCon – Lt Col Merrick** **40 Min**
- **AFMS PY06-11 OP Program POM Build – Mr. Baker / Lt Col Kras** **30 Min**
- **Open Discussion** **10 Min**

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Minutes Approval

- 31 Mar 04 AFMS Group Minutes – Approved?
- Archives of AFMS Corporate Structure minutes can be found at:
  - O:\SG_Common\AFMS Corporate Structure

    - or –
  - https://kx.afms.mil/afmsengineroom

Headquarters U.S. Air Force

Integrity - Service - Excellence

Air Force Medical Service Strategic Planning Directive For Fiscal Years 2006-2023

Lt Col Matt Chini
Chief, Planning Division (AF/SGMX)
Office of the Air Force Surgeon General

U.S. AIR FORCE

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Strategic Planning Directive

- **Purpose: Provide overview of the recently published AFMS Strategic Planning Directive**
  - **Classification: Unclassified**
  - **Type: Informational**
  - **Length of Briefing: 20 min**
  - **Briefer: Lt Col Matt Chini, AF/SGMX, DSN 297-4736, Matthew.Chini@pentagon.af.mil**

U.S. AIR FORCE

Overview

- **Background**
- **Vision/Objectives**
- **AFMS Strategic Planning Guidance**
- **Way Ahead**

"Opportunities for real change come once in a generation"
- General John P. Jumper

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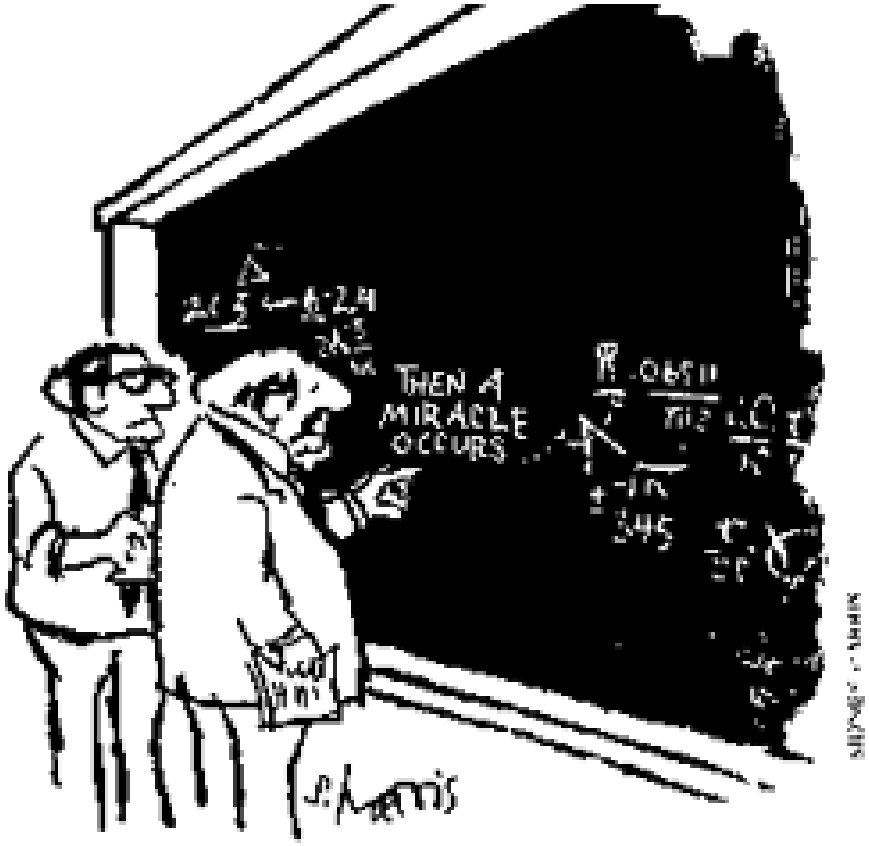
Background

- **Link between strategy and resources**
- **Capability-based planning**
- **Build links to/mirror AF PPBES process**
- **Build strategy-focused organization**



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO"

AFMS Strategic Planning "Dynamic Capabilities Development"

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Vision

Strategy

Effects

CONOPS

Capabilities

Requirements

Programs POM

Quality Care, Anytime/Anywhere

Effects-Based Capabilities

Fiscally Informed

UNITED STATES AIR FORCE
MEDICAL SERVICE (AFMS)
STRATEGIC PLANNING DIRECTIVE
FOR FISCAL YEARS 2006 - 2023

26 February 2004

Headquarters, United States Air Force
Assistant Surgeon General for Plans & Programs
Office of the Air Force Surgeon General

AIR FORCE
MEDICAL SERVICE
CONCEPT DOCUMENT

AIR FORCE

USAF/SG

5 Sep 2003

CRRA

AFMS
Transformation
Roadmap

Managed Risk

CRRA

Medical
Annual Planning &
Programming
Guidance
FY 08 - 13

AFMS Investment Strategy

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Strategic Planning Directive (AFMS SPD 2004)

- **Shift to capabilities-based, strategy-focused organization**
- **Provides key planning priorities**
- **Outlines shift to a capabilities-based planning process**
- **Assigns planning initiatives … foundation for future capability decisions**

UNITED STATES AIR FORCE
MEDICAL SERVICE (AFMS)
STRATEGIC PLANNING DIRECTIVE
FOR FISCAL YEARS 2006 - 2023
26 February 2004
Headquarters, United States Air Force
Assistant Surgeon General for Plans & Programs
Office of the Air Force Surgeon General

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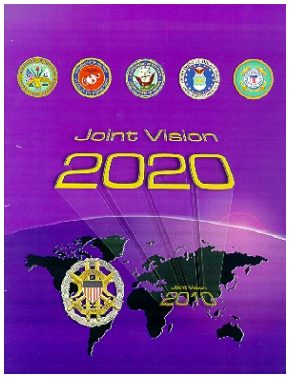
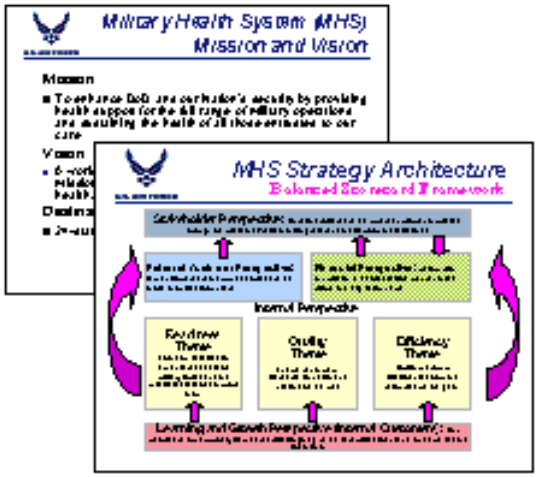
Overview

- Background
- **Vision/Objectives**
- AFMS Strategic Planning Guidance
- Way Ahead





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AFMS Vision

Provide quality, world-class healthcare and health service support to eligible beneficiaries anywhere in the world at anytime.

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Air Force Medical Service Vision

Quality Healthcare…Anywhere… Anytime

Vision → Strategy → CONOPS → Capabilities → Requirements → Programs

Air Force Medical Service Strategic Planning

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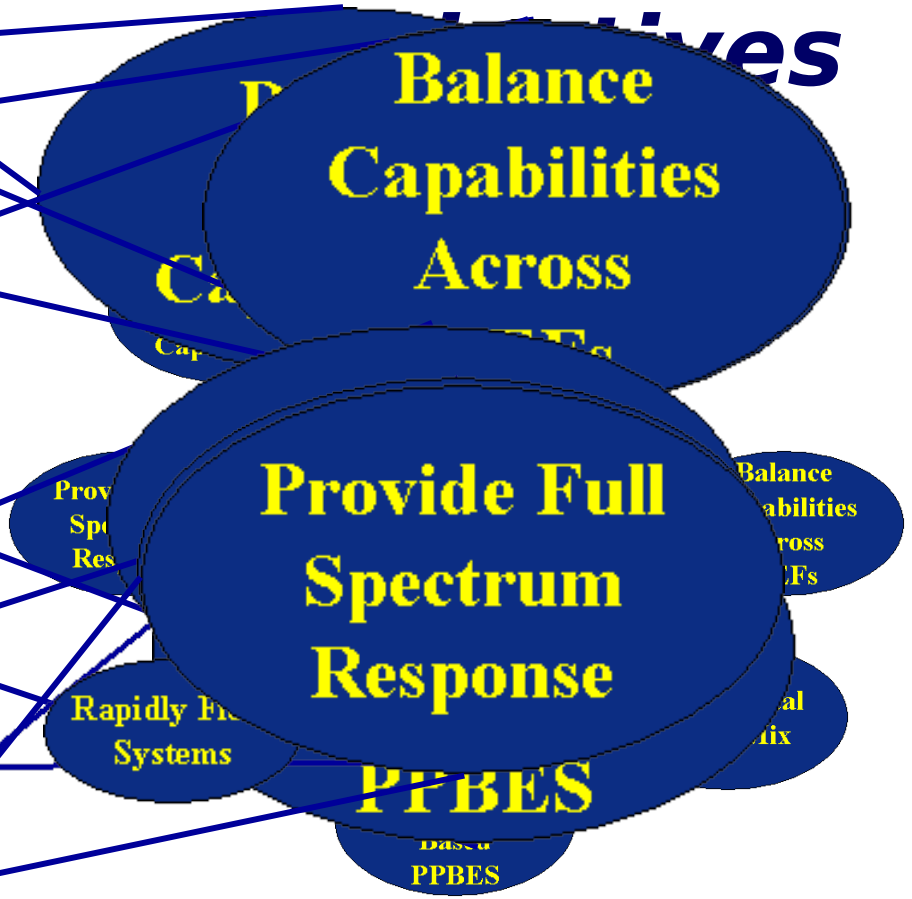
- Define and integrate AFMS effects and capabilities with AF CONOPS and Air and Space Expeditionary Forces (AEF);
- Provide integrated, worldwide healthcare network capable of providing quality preventive, primary, restorative, and emergent healthcare to all beneficiaries anytime… anywhere
- Determine in-garrison and expeditionary healthcare capabilities associated with each AEF needed to achieve desired effects, support the Defense Strategy and Military Health System objectives, and link strategy to Concepts of Operation, to capabilities, to plans, and to programs through their associated performance-based metrics/performance measurement systems;
- Define the Future Total Force (FTF) mix and innovative organizational concepts to better leverage all elements of our capabilities;
- Institute a capability-based planning, programming, budgeting and execution system that integrates both Air Force and Defense Health Program resource streams.
- Increase the speed and efficiency of our approach to the way we conceive, develop, prioritize, acquire, deploy and sustain medical systems so needed capabilities are available quickly and on budget.
- Provide full spectrum healthcare response



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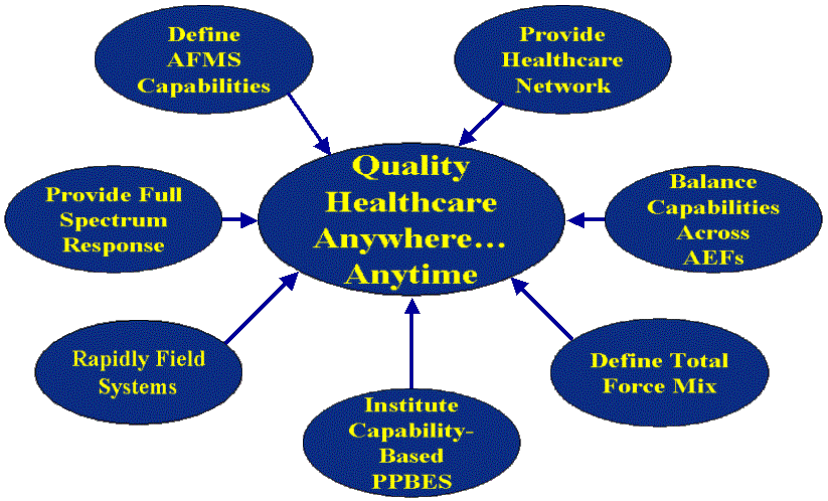
Overview

- Background
- Vision/Objectives
- **AFMS Strategic Planning Guidance**
-



AFMS Strategic Objectives

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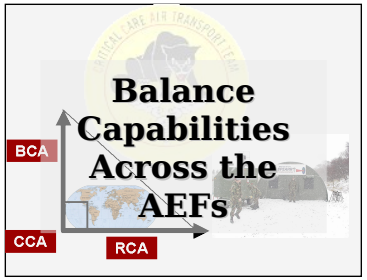
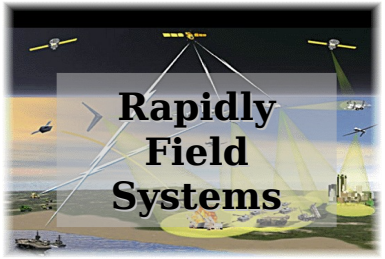
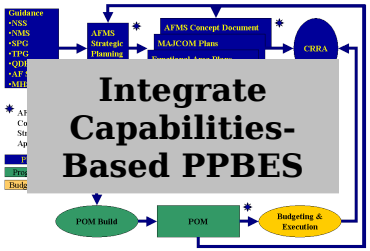
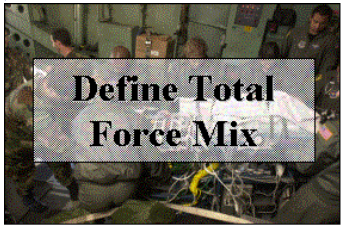
Quality Healthcare Anywhere Anytime









Vision | Strategy | CONOPS | Capabilities | Requirements | Programs

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AFMS Strategic Planning Tasks

- 47 Specific Planning Directives
  - One OPR per task
  - Multiple OCRs
- Establishes Estimated Completion Dates
  - Enables Progress Monitoring
  - More “Teeth” than previous strategic plans
- OPR Breakdown:
  - ACC/SG – 2
  - AF/SGC – 1
  - AF/SGK – 1
  - AF/SGM – 7
  - AF/SGO – 19
  - AF/SGR – 16
  - MAJCOM/SGs – 1

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AFMS Strategic Planning Tasks

SPEARR
SMALL PORTABLE EXPEDITIONARY AEROMEDICAL RAPID RESPONSE

CRITICAL CARE AIR TRANSPORT TEAM

- Ensure continuity and quality of care throughout the medical system anywhere…anytime
- Support AF CONOPS, effects, and capabilities
- Support COCOMs
- Support life-cycle healthcare needs of enrolled population
  - E-Health to enhance communication, partnerships, and competency
  - Improve lifestyle behaviors

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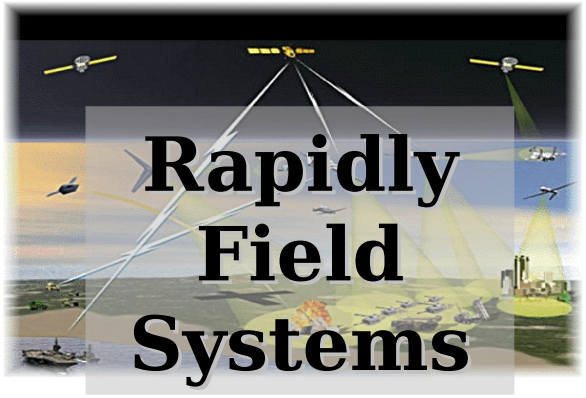
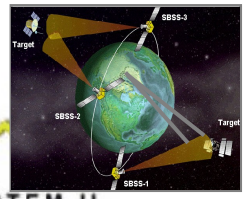
AFMS Strategic Planning Tasks



CHCS
COMPOSITE HEALTH CARE SYSTEM II



- Develop human performance enhancement roadmap
- Develop health effects research plan
- Integrate system modernization with Agile Combat Support
- Develop a capabilities-based modernization plan
- Develop solutions to meet operational capability shortfalls
- Pursue genomic and proteomic solutions to meet shortfalls
- Develop joint, interoperability initiative plan

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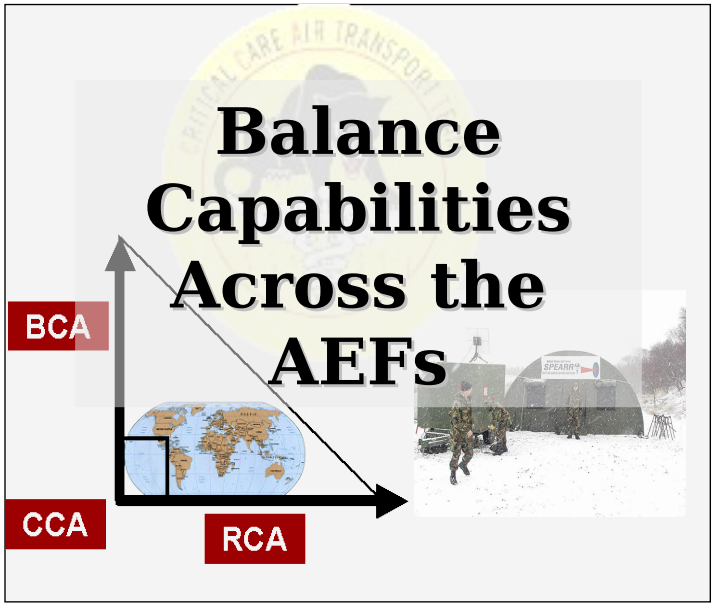
AFMS Strategic Planning Tasks



- Balance Health service support capabilities across each AEF and baseline capabilities of active medical treatment facilities
- Balance Aeromedical Evacuation support capabilities across each AEF

MRL

AFWUS

AEF CENTER

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AFMS Strategic Planning Tasks

- Define Capabilities to Support National Strategy for Homeland Defense, to include:
  - Integrated Medical Surveillance
  - Full-Spectrum Medical Response
  - Integrated Casualty Management
  - Detect, Identify, and Assess CBRNE threats and attacks

AFMS Strategic Planning Tasks

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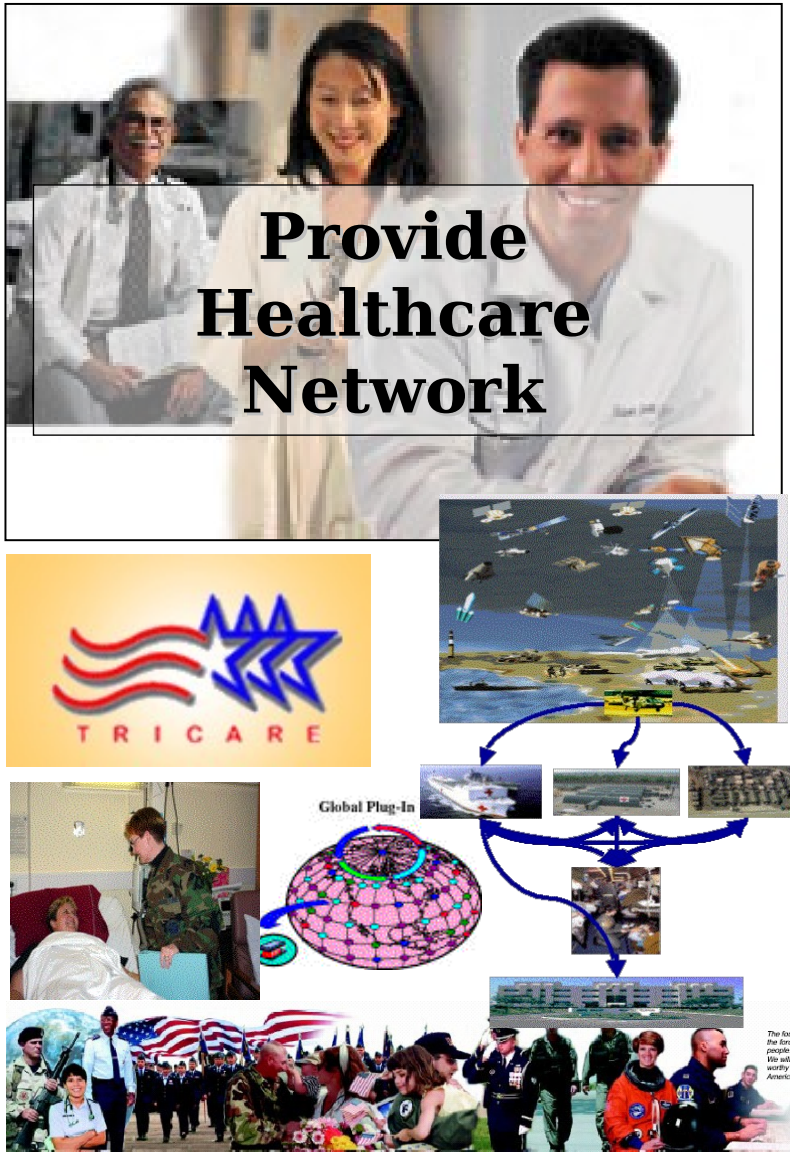
Provide Healthcare Network
TRICARE
Global Plug-In
The foundation of the force is our people... We will remain worthy of America's best.

- Integrate medical surveillance and intelligence capabilities
- Develop an information management plan
- Develop projection models of future beneficiary population and propose healthcare delivery solutions to meet their needs
- Enable assessment of worldwide healthcare threats and capabilities

AFMS Strategic Planning Tasks

FORCE DEVELOPMENT

MC NC DC MSC BSC Enlisted

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AIR FORCE RESERVE COMMAND

AIR NATIONAL GUARD

- Develop best medical force mix to support long-term USAF overseas posture plan.
- Ensure training and development programs build needed competencies
- Develop an AFMS Future Total Force Plan to evaluate and test various initiatives.

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AFMS Strategic Planning Tasks

- Develop LAF FY06-11 capability-based POM
- Develop capabilities-based PPBES process for FY08-13 DHP & LAF POM
- Integrate business process with the BMMP
- Measure performance based on effects, strategic objectives and DoD Balanced Scorecard
- Develop manpower requirements based on capabilities and risk

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Overview

- Background
- Vision/Objectives
- AFMS Strategic Planning Guidance
- **Way Ahead**

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Way Ahead

- Communicate the plan
- Institutionalize process
- Integrate with performance measurement systems
- Execute the plan

"Execution is the chariot of genius"

-William Blake

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Summary

- Background
- Vision/Objectives
- AFMS Strategic Planning Guidance
- Way Ahead

"The AFMS and the Air Force are faced with a unique opportunity to define the size, shape, and capabilities of the Air Force for the next 20 years and beyond. "

- Lt Gen Peach Taylor

"…quality healthcare… anywhere…

Headquarters U.S. Air Force

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Questions ?

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Headquarters U.S. Air Force

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MILCON Program Decision Brief

Lt Col Susan Merrick

Planning Chief, Health Facilities Division

7 April 2004

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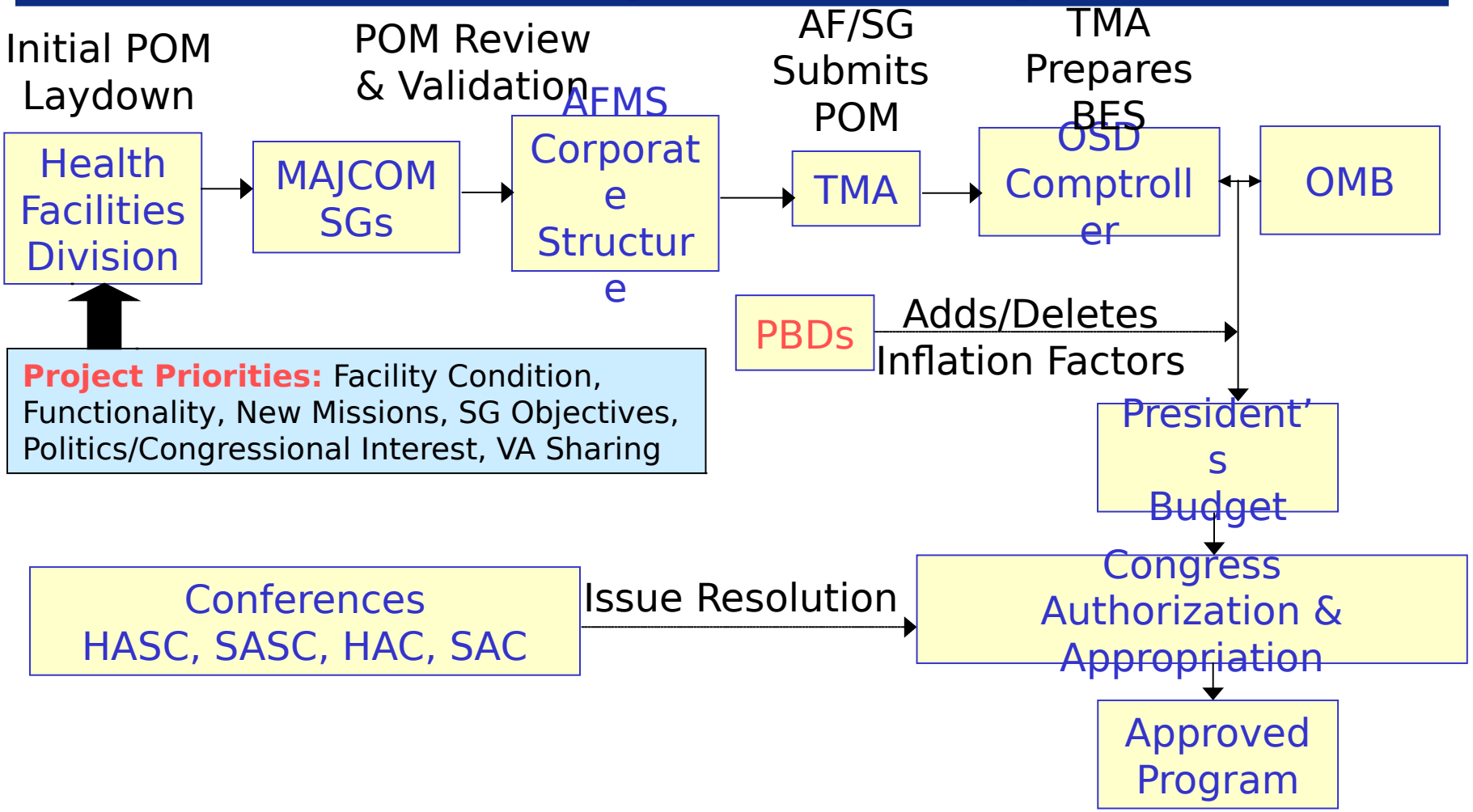
Outline

- MILCON Process
- Projects in Construction
- Projects in Design/Awaiting Award
- FY06-11 POM and Beyond
  - Near Term Issues
  - Current vs Proposed Program
  - Long Term Plan/Future Focus
- Proposed Program Approval

Medical MILCON Programming Process



Medical MILCON Planning

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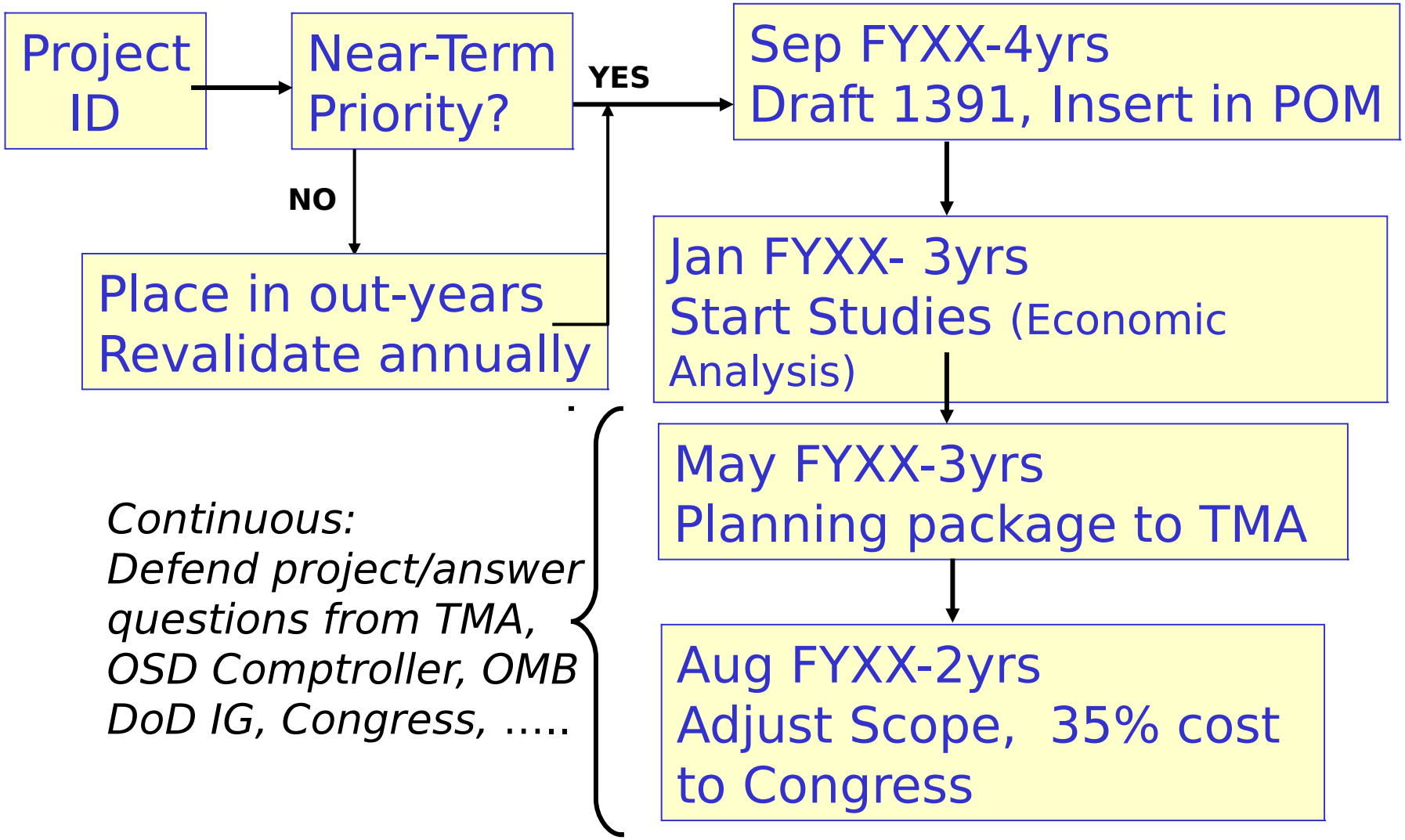

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MILCON's in Construction

FY/BASE	PROJECT	COST	PERCENT COMPLETE
FY 98 Aviano	Hospital ADAL	18.00	35% (NATO)
FY00 Ramstein	Dental ADAL	19.50	94%
FY01 Tyndall	Clinic ADAL	7.70	65%
FY01 Edwards	Clinic Rpmt	17.90	80%
FY01 Eglin	Clinic ADAL	37.60	73%
FY02 Lajes	Dental Rpmt	3.46	1%
FY02 Lajes (UMC)	Log/WRM Whse	1.50	1%
FY02 Hurlburt	Clinic ADAL	8.50	28%
FY02 Thule	CMF Rpmt	10.74	58%
FY02 Andrews	Clinic ADAL	7.30	66%
FY02 Schriever	New Troop Clinic	4.00	40%
FY03 Langley (UMC)	Log Whse Rpmt	2.70	1%
FY03 Hickam	Life Skills Rpmt	2.70	5%

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MILCON's in Design/Awarded

FY/BASE	PROJECT	COST	STATUS
FY04 Academy April	Hospital ADAL	22.00	Bidding, Award
FY04 Andersen April	Clinic Rpmt	26.00	Bidding, Award
FY04 Andrews (UMC)	Family Advocacy Rpmt	1.40	Working Dwgs
FY05 Langley	Hospital ADAL	51.00	Working Dwgs
FY05 Buckley	Clinic ADAL	2.10	Working Dwgs

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06-11 POM Near Term Issues

- TMA 06-11 POM Call Reduces AF TOA by $35.5M
- Several Projects not in Current POM
  - MWD Hospital - $12M
  - Spangdahlem Hospital - $35-38M
  - Peterson Life Skills Rpmt - $1.8M (05 PBD Cut)
  - Keesler Dental ADAL - $8.4M (Congressional Interest)
- Difficulty with TMA Approval
  - FY06 Pope Replacement Clinic - $19.5M
  - FY07 MacDill Replacement Clinic - $54M
- TMA appears to be making initial moves toward centralizing MILCON/SRM decision process

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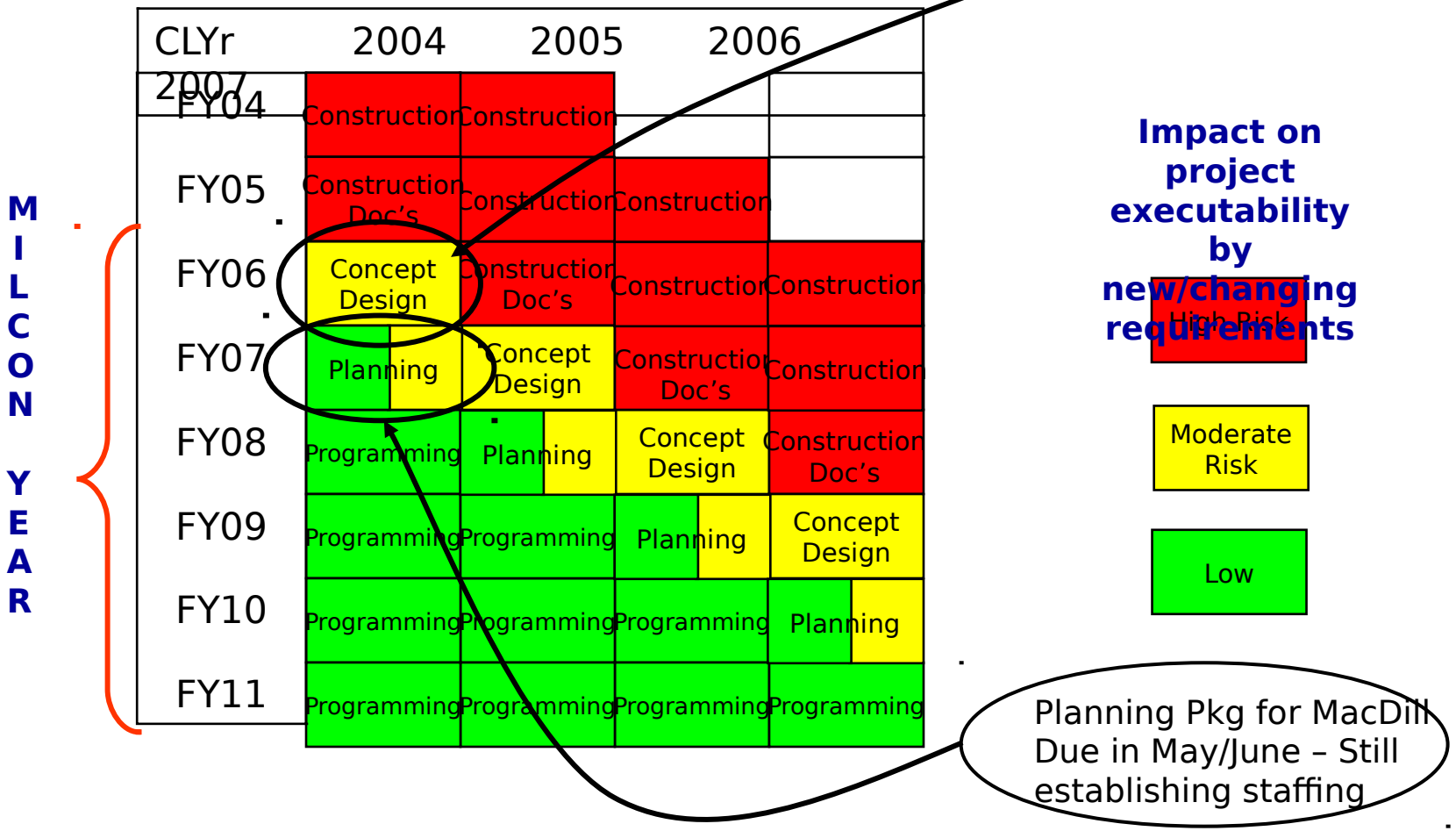
MILCON Milestones

Medical MILCON Activity Milestones



Proposed vs Existing POM (06-08)

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PROPOSED

FY06

Beale	Clinic Alteration	18.50
Keesler	Surgery Suite ADAL	14.20
Lackland	MWD Hospital	12.00
Peterson	LSC Rpmt	1.82
	Total	46.52

FY07

Pope	Clinic Rpmt	19.50
Spangdahlem	Hospital Rpmt	35.54
	Total	55.04

FY08

MacDill	Clinic Rpmt	54.00
Scott	Scott WRM Whse	1.80
Nellis	BEE Facility Rpmt	1.80
	Total	57.60

TO 09

EXISTING

FY06

Beale	Clinic Alteration	18.00
Keesler	Surgery Suite ADAL	12.00
Pope	Clinic Rpmt	19.50
	Total	49.50

FY07

MacDill	Clinic Rpmt	54.00
Scott	WRM Warehouse	1.70
Nellis	BEE Facility Rpmt	1.70
	Total	57.40

FY08

Tinker	Clinic Rpmt	45.00
Lackland	Dental Consolidation	
	Total	59.50

Proposed vs Existing POM (09-11)

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PROPOSED

FY09 (FROM 08)

Lackland	Dental Consolidation	18.70
Tinker	Clinic Rpmt, Ph 1	40.00
USAFA	BEE Rpmt	2.00
	Total	60.70

FY10

Tinker	Clinic Rpmt, Ph 2	16.00
Luke	CMF ADAL	12.00
Shaw	Clinic Rpmt	29.00
Eglin	BEE Rpmt	2.90
	Total	59.90

FY11

Ramstein	Clinic Rpmt	48.90
Grand Forks	Clinic Alteration	13.00
	Total	61.90

TO FY12+

FY06-11 FYDP Total 341.66

EXISTING

FY09

Ramstein	Clinic Rpmt	49.00
G-F	Clinic Alteration	
Andrews	Sys/E&T	
	Total	64.00

FY10

USAFA	BEE Rpmt	2.00
Luke	CMF ADAL	10.00
Shaw	Clinic Rpmt	28.00
Eglin	BEE Rpmt	2.10
D-M	Clinic Rpmt	28.00
	Total	70.10

FY11

Scott	CMF Rpmt	67.00
S-J	CMF Alteration	10.10
	Total	77.10

FY06-11 FYDP Total 377.

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Long-Term Plans

- **Key Determinants for Long Term Plan**
  - **Failing infrastructure related projects – Not selling with TMA as project justification**
    - **Scott CMF Replacement - $120M (phase fund)**
    - **Andrews Dental Clinic Rpmt - $9M**
  - **Focus on Hot Spots for Change – Manpower Laydown, Multi-Service Markets, New Missions**
  - **BRAC Issues**
    - **Construction Moratorium ?**
    - **May adjust focus; Funds may accompany changes**
  - **Limited TOA and funds for pre-planning studies**
  - **31-year recap rate proposed – Mr Ford/Gen Taylor initiative**
    - **Doubles AF annual TOA - Increases importance of forecasting/prioritizing requirements**

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Decision

- **Group endorse revised FY06-11 MILCON POM as proposed**
- **Next Step - Brief AFMS Council and Gen Taylor prior to May POM submission**

Headquarters U.S. Air Force

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AFMS PY06-11 OP Program POM Build

Mr Dave Baker & Lt Col Kras

7 Apr 2004

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AFMS Other Procurement (OP) Program Requirements & Funding

- **Purpose: Deliver consolidated POM 06-11 requirements and program lay-down for AFMS Other Procurement (Investment Equipment)**
  - **Classification: Unclassified**
  - **Type: Decisional**
  - **Length of Briefing: 30 minutes**
  - **Briefers:**
    - **Mr Dave Baker, AFMSA/SGSLE**
    - **Lt Col Kras, AF/SGRM**

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Overview

- What's at Risk
- Issue/Problem Definition
- Background
- Process & Timeline
- OP Program Specifics (RAPIDS)
- OP Program Requirement Summary
- Recommendation

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What's At Risk

- **Other Procurement POM 06-11 funding is short by $31.2M to address the following baseline funded and ongoing investment programs**
  - Picture Archive Communication Systems short by $7.5M
  - MSIM (Network Upgrade/Replacement) short by $8.2M
  - Combat Information Transport System is short by $15.5

- **Funded baseline can't cover an additional $202M needed to address the following new high-interest initiatives**
  - Telephony implementation - $38.7M
  - Digital Mammography implementation - $25M
  - Magnetic Resonance Imaging modernization (to 3 TESLA) - $15M
  - SGROCC validated initiatives requiring OP funds - $123M

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Issue/Problem Definition

- Ongoing programs exceed FY04/05 funds – POM "bow-wave"
- Current baseline is insufficient to support mission driven new starts
- Deliberate, recurring modernization not achievable with baseline
- Tech refresh impact of new acquisitions isn't accounted for
- Can't handle unforeseen requirements (the next "telephony")
- Cannot accommodate schedule accelerations driven by mission

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Background

- Two program elements for DHP Other Procurement
  - 807720 Items supporting MILCON projects at least $250K ea
  - 807721 Replacement, modernization, developmental items $250K ea
- AFMS Programs currently funded with OP
  - Initial Outfitting (LANs & Med Equip)
  - Medical Equipment
  - Picture Archive Communications Systems (PACS)
  - Network Consolidation (CITS MITT LM)
  - Local Area Network (Cable Plants and Electronics) [MSIM]
- PL107-248 changed threshold from $100K to $250K
- PBD 041 cut FY04 appropriation by 5% ($2.355M)

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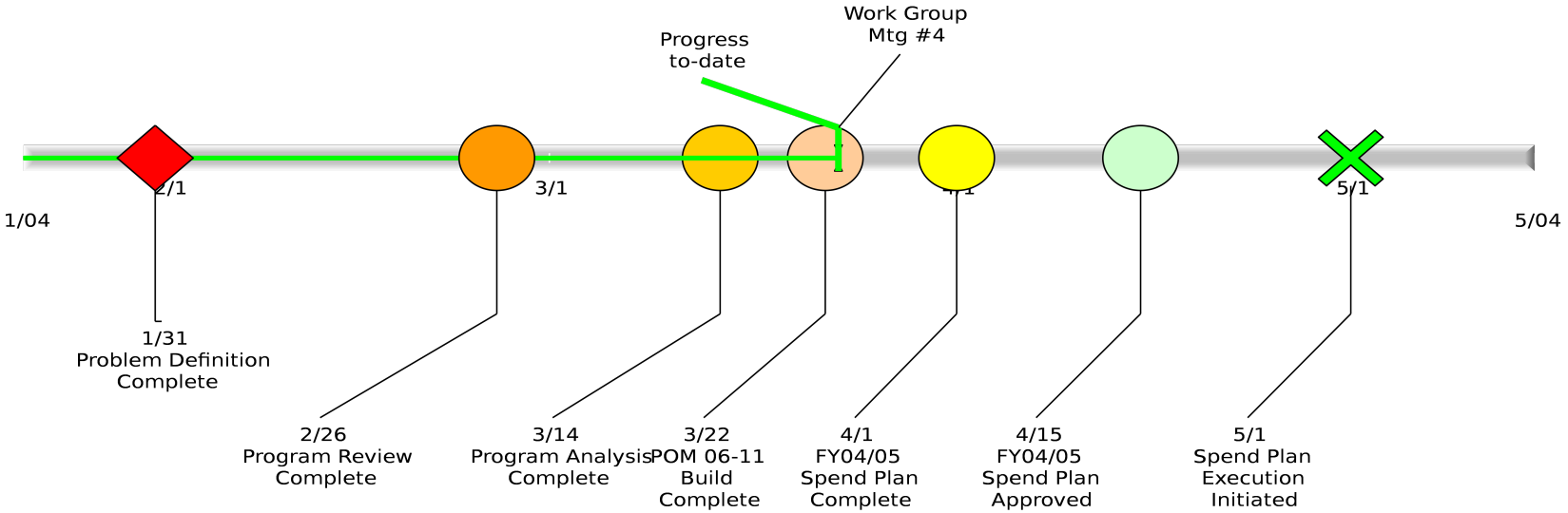
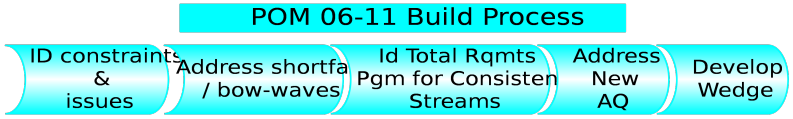
Timeline & Process




POM 06-11 Build Process
ID constraints & issues
Address shortfa / bow-waves
Id Total Rqmts Pgm for Consisten Streams
Address New AQ
Develop Wedge

AFMS PY06-11 OP Program Reqmts & Funding profile

Air Force Medical Service - POM 06-11 Other Procurement Program							
Synopsis	FY06	FY07	FY08	FY09	FY10	FY11	FY06-11
Total Funded Baseline	79.8	79.1	77.7	66.8	67.7	68.6	439.8
Total Adjustment	19.9	20.5	21.9	32.9	32.0	31.1	158.4
Total Requirement	**99.7**	**99.7**	**99.7**	**99.7**	**99.7**	**99.7**	**598.1**

* Total adjustment assumes internal reprogramming of trade-space between OP line items (see RAPIDS) and provides level funding stream

AFMS Other Procurement Program

BACKGROUND:
Current program provides for medical equipment initial outfitting, sustainment, replenishment and replacement, medical network replacement, upgrade and initial outfitting, sustainment of installed equipment base, implementation of Picture Archive Communications Systems

ADJUSTMENT: Needed to support policy compliance (CITS), telephony implementation, provide for deliberate annual stable funding line within the Modernization ToA to accomplish modernization of business functions requiring high-dollar value investments, sustain the equipment purchased through new modernization, address telephony implementation, nor provide required flexibility to meet unforeseen and unanticipated requirements and preclude the option of accelerating programs to meet mission needs.

$M04A1P101AY	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG			$ 79.8	$ 79.1	$ 77.7	$ 66.8	$ 67.7	$ 68.6
ADJUSTMENT			*$ 19.9*	*$ 20.5*	*$ 21.9*	*$ 32.9*	*$ 32.0*	*$ 31.1*
REV PGM			**$ 99.7**	**$ 99.7**	**$ 99.7**	**$ 99.7**	**$ 99.7**	**$ 99.7**
TOTAL								

PROCUREMENT	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09

MPWR	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09

IMPACTS:

-Without this funding adjustment, the AFMS will be unable to modernize business functions requiring high-dollar value investments

- OP required for over-threshold COTS purchases and transitions of initiatives from RDT&E to acquisition/fielding

-The OP funding line for new acquisition must be renewable annually and stable to support deliberate modernization

- There is insufficient funding within the OP funded program baseline to support a deliberate process of new acquisition without significant negative impact on our collective ability to sustain, maintain and replenish our current AFMS installed equipment base

Medical Information Technology Transition – Last Mile
CITS/MITT-LM Program

BACKGROUND:

This UNDERFUNDED program provides for the program management, engineering, design, and installation of AF CITS (Combat Information Transport System) generated last mile design. Provides for the standard architecture to connect AF medical data networks to Base networks. Closes medical network backdoors. **Fulfills SECAF mandate**.

ADJUSTMENT:

Program received a lump sum funding for start-up and to provide a standard design and architecture at 18 test sites. Adjustment required to deploy the **AF IAC approved design** to the remainder of the AF and finish original sites.

FUNDING (Total):

	FY 2004 FY10	FY 2005 FY11	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	$ -	$ -	$ -	$ -	$ -	$ -
ADJUSTMENT	*$ 6.8*	*$ 8.7*	*$ -*	*$ -*	*$ -*	*$ -*
REVISED PGM TOTAL	**$ 6.8**	**$ 8.7**	**$ -**	**$ -**	**$ -**	**$ -**

Line Items	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09	FY10

IMPACTS:

- Medical data network backdoors will not be closed
- CHCS II long haul network circuits/VPNS will not be supported by AF
- Dedicated medical network electronics will not be installed
- Last mile design will not be implemented
- Effort to consolidate medics under “One AF – One Network” delayed

Telephony Upgrade & Modernization (TELMOD)

BACKGROUND:

Unfunded Program to address MTFs, GAO, IGCE identified telephony #1 patient complaint to access and method to make appointment. MTF Call abandonment rate 22-36 % (civilian <2%). Appointing: make or break service for day to day MTF business; entry point to product lines. Upgrades required to position MTFs for success under T-NEX.

ADJUSTMENT:

Purchase telephony equipment (switches and automated call directors) IAW approved, prioritized deployment plan/schedule, in support of TNEX implementation.

$M 04A1P101AY	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG			$ -	$ -	$ -	$ -	$ -	$ -
ADJUSTMENT			*$ 8.2*	*$ 8.2*	*$ 8.2*	*$ 4.7*	*$ 4.7*	*$ 4.7*
REV PGM			**$ 8.2**	**$ 8.2**	**$ 8.2**	**$ 4.7**	**$ 4.7**	**$ 4.7**
TOTAL								

IMPACTS:

- Every MTF prioritized by standardized, modular, upgradeable capabilities package
- Vital to meet MHS telephone access standards; improve patients' ease of making appointments by phone
- If not funded: Continued patient frustration with telephone appointing; no standardized MHS telephony metrics; impaired access to the Direct Care system; risk loss of enrollees to network, increased PSC costs

AFMS PACS / Teleradiology Program

BACKGROUND:

Radiologist staffing is expected to reach 50% in CY05. To complement AFMSA's digitization initiative (wet film to digital), AMC/SG sponsored an IPT that developed a comprehensive plan for AFMS Diagnostic Imaging (DI).

ADJUSTMENT: Required to address the bow-wave from FY05, finish the program as originally planned in FY06, a become trading space contributing to the other line item increases needed within the total AFMS OP program.

FUNDING ($M):

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
PEC			$ 10.0	$ 8.0	$ 8.0	$ 8.0	$ 8.0	$ 8.0
URRENT PRG			$ -	$ (1.2)	$ (8.0)	$ (8.0)	$ (8.0)	$ (8.0)
DJUSTMENT								
REV PGM			$ 10.0	$ 6.8	$ -	$ -	$ -	$ -
TOTAL								

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER						
ENLISTED						
CIVILIAN						

IMPACTS:

- Execution of PACS/Teleradiology initiatives is absolutely vital to the survival of AFMS radiology services.
- PACS/TR will prevent radiology workload at 48 MTFs from being sent on the local economy or from hiring on-site contract radiologists to support each MTF losing radiologists (possible 40 radiologists @ $300K each).

New Capabilities (SGROCC Validated Reqmts)

BACKGROUND:
More than 62 initiatives have been validated at the SGROCC. Needs assessments have been performed on each of these. This is the basis for appropriation allocation of the MMP ToA, and establishes the need for $25M per year beginning in FY06. Given the ToA based constraint, more than $35M worth of initiatives requiring OP cannot be addressed in the current POM cycle. Finally, two new initiatives were just validated worth over $40M in OP funds (Digital Mammography and 3-TESLA MRIs.

ADJUSTMENT:

Required to provide a stable funding base for strategic and deliberate modernization of the AFMS, permitting

Validated initiatives that require OP funds for acquisition (threshold reqmts) to be acquired

Send attached:

$M 04A1P101AY	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG			$ -	$ -	$ -	$ -	$ -	$ -
ADJUSTMENT			$ -	$ 15.0	$ 21.8	$ 22.5	$ 23.3	$ 24.0
REV PGM								
TOTAL			$ -	$ 15.0	$ 21.8	$ 22.5	$ 23.3	$ 24.0

PROCUREMENT	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09

IMPACTS:

-Without this funding adjustment, the AFMS will be unable to modernize business functions requiring high-dollar value investments

-This funding line must be renewable annually to support deliberate modernization

- There is insufficient funding within the OP funded program baseline to support a deliberate process of new acquisition without significant negative impact on our collective ability to sustain, maintain and replenish our current AFMS installed equipment base

- Failure to fund this program (with the increase needed that cannot be obtained from within the OP funding trade space will result in the inability to complete more than $80M in validated SGROCC initiatives during this program cycle that have been identified in only the first 10 months of SGROCC operation (4 meetings)

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SGROCC validated rqmts profile - initiatives requiring OP

	Data										
Bucket / TXP	2F/04	2F/05	2F/06	2F/07	2F/08	2F/09	2F/10	2F/11	Rqmt 04-11	04-11 Funds	Short
EHP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$ -	$0.00
FHF	$1.14	$10.53	$5.53	$6.82	$3.89	$4.10	$6.86	$6.30	$45.17	$ 43.47	$1.70
IMIT	$5.50	$10.00	$10.00	$0.00	$10.65	$10.00	$10.00	$10.00	$66.15	$ 63.66	$2.49
PC	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$ -	$0.00
RH	$14.50	$8.50	$11.57	$18.93	$16.54	$0.00	$0.00	$0.50	$70.53	$ 67.87	$2.66
Grand Total	$21.14	$29.03	$27.10	$25.75	$31.08	$14.10	$16.86	$16.80	$181.85	$ 175.00	$6.85

Program	Rqmt 04-11
3-TESLA MRIs	$15.00
Artificial Intelligent AFMS Financial Management	$0.65
CITS - MITT LM	$25.50
Digital Mammography	$25.00
Medical Facility Modernization	$0.50
PACS	$32.53
Resource protection and security technology (RF	$37.50
Telemedicine: Virtual Consultation Portal	$3.11
Telephony Upgrade/Modernization	$42.06
Grand Total	$181.85

Medical Systems Infrastructure Modernization (MSIM) Program

BACKGROUND:

Provides for the materiel (cable and electronics) and labor to install Local Area Network Infrastructure to AFMS facilities. Includes initial outfitting for Military Construction projects.

ADJUSTMENT:

Adjustment accounts life-cycle replacement factors of cable plant and electronics; effect of regulatory requirements (e.g. cable plant removal); and economic inflation affecting labor and materiel across the program cycle

FUNDING (Total):

	FY 2004 FY10	FY 2005 FY11	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM		$ 17.7	$ 18.0	$ 14.9	$ 15.2	$ 15.5	$ 15.7
ADJUSTMENT		*$ 9.8*	*$ 9.6*	*$ 8.5*	*$ 8.2*	*$ 8.0*	*$ 7.8*
REVISED PGM TOTAL		**$ 27.5**	**$ 27.5**	**$ 23.5**	**$ 23.5**	**$ 23.5**	**$ 23.5**

- Cannot sustain required network cable infrastructure refresh cycle (10 years) without adjustment
- Cannot sustain required network electronics refresh cycle at rate based on life-expectancy (4 years) without adjustment
-Cannot support the procurement of electronics for the MILCONs for affecting “Beneficial Occupancy Date”
- Failure to sustain infrastructure will increase the number of network failures and interrupt healthcare delivery

AFMS Medical Investment Equipment Program

BACKGROUND:

Medical Investment Equipment includes all equipment or systems over $250K. Due to a change in the procurement fund threshold, investment equipment between $100K-$250K is O&M. All equipment $250K and above is now procurement dollars.

ADJUSTMENT:

Adjustments reflect repositioning of the identified trading space, transfer of specific new initiatives to the Moderization OP line and leveling of the FY04-FY05 bow-wave and annual requirement for this program across the FYDP.

FUNDING ($M):

	FY 2004 FY10	FY 2005 FY11	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM PGM		$ 52.1	$ 53.2	$ 54.8	$ 43.6	$ 44.2	$ 44.9
ADJUSTMENT		*$ (6.5)*	*$ (6.8)*	*$ (22.2)*	*$ (6.2)*	*$ (5.6)*	*$ (4.7)*
REVISED PGM TOTAL		**$ 45.6**	**$ 46.4**	**$ 32.6**	**$ 37.4**	**$ 38.6**	**$ 40.2**

IMPACTS:

-Funding ensures the AFMS can sustain the existing baseline of equipment and all recent and anticipated acquisitions through the deliberate modernization of business functions requiring high-dollar value investments

-Required to provide a stable funding base that will permit tech refresh, sustainment, replacement and maintenance based on the equipment replacement life-cycle and refresh rates for all equipment acquired through the deliberate and strategic modernization process.

Planned Capability Sustainment ThroughTechnology Insertion

BACKGROUND:
The routine replacement of medical investment equipment is planned through life cycle management of the existing inventory. Certain mainstream technologies continue to evolve and direct replacement with like systems is either not advisable or not possible. In many cases, economies of scale allow replacement of multiple systems with single items where possible. In some cases one for one replacement is required and initial capital outlay is greater than the original acquisition cost of the system being replaced. To ignore this known impact to the program jeopardizes the ability to effectively balance modernization and sustainment of the inventory.

ADJUSTMENT: Required because the baseline for ongoing funded OP programs in modernization and sustainment is insufficient to meet the mission demand based on known transitions from existing technology to new technologies that provide like capability. This funding line allows replacement of linear accelerators with Cyberknife technology, insertion of dedicated positron emission tomography (PET) systems in place of hybrid systems, direct radiography (DR) systems in place of analog/computed radiography systems, and radiofrequency identification systems in place of manual personnel intensive equipment tracking systems. The process normally involves replacement of one or two systems, which are evaluated for a short time, then mechanical replacement through attrition.

$M94A1P101AY	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
ADJUSTMENT	$ 1.5	$ -	$ 17.1	$ 11.9	$ 9.9	$ 7.2		
REV PGM	$ 1.5	$ -	$ 17.1	$ 11.9	$ 9.9	$ 7.2		
TOTAL								

IMPACTS:
-Without this funding adjustment, the AFMS will be unable to accomplish both deliberate modernization through planned/programmed initiatives and continued sustainment of current business functions requiring high-dollar value capital investments. Full funding of this requirement prevents severe negative impact on ongoing modernization programs and allows intelligent sustainment of the current AFMS installed equipment inventory.
- Replacement of existing inventory of linear accelerators ($2.5M each) with anticipated technology that will be standard of care (Cyberknife: Linac with robotic arm and image guidance software) will cost at least $1M more per system than current installed systems.
- Current capability exists to accomplish PET scans using hybrid gamma cameras/coincidence detectors. Replacement of these systems at life cycle does not eliminate the need for the gamma camera, but requires dedicated equipment at $3M per system.
- Current digital radiography is accomplished in most cases using analog x-ray systems and computed radiography systems convert the analog signal to a digital image. In many cases, economy of scale makes replacement systems with DR systems cost neutral, but one for one requires $200K-300K additional per

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AFMS PY06-11 OP Program Reqmts & Funding profile

AFMS Other Procurement Program								
Program	**Element**	**FY06**	**FY07**	**FY08**	**FY09**	**FY10**	**FY11**	**FY06-11**
CITS	Baseline	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Adjustments	*$ 6.8*	*$ 8.7*	*$ -*	*$ -*	*$ -*	*$ -*	*$ 15.5*
	Total Requirement	**$ 6.8**	**$ 8.7**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 15.5**
Telephony	Baseline	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Adjustments	*$ 8.2*	*$ 8.2*	*$ 8.2*	*$ 4.7*	*$ 4.7*	*$ 4.7*	*$ 38.8*
	Total Requirement	**$ 8.2**	**$ 8.2**	**$ 8.2**	**$ 4.7**	**$ 4.7**	**$ 4.7**	**$ 38.8**
PACS	Baseline	$ 10.0	$ 8.0	$ 8.0	$ 8.0	$ 8.0	$ 8.0	$ 50.0
	Adjustments	*$ -*	*$ (1.2)*	*$ (8.0)*	*$ (8.0)*	*$ (8.0)*	*$ (8.0)*	*$ (33.2)*
	Total Requirement	**$ 10.0**	**$ 6.8**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 16.8**
New Modernization (SGROCC val, e.g. Digital Mammo, 3	Baseline	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Adjustments	*$ -*	*$ 16.8*	*$ 18.3*	*$ 22.5*	*$ 23.3*	*$ 24.0*	*$ 104.9*
	Total Requirement	**$ -**	**$ 16.8**	**$ 18.3**	**$ 22.5**	**$ 23.3**	**$ 24.0**	**$ 104.9**

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AFMS PY06-11 OP Program Reqmts & Funding profile.

AFMS Other Procurement Program								
Program	**Element**	**FY06**	**FY07**	**FY08**	**FY09**	**FY10**	**FY11**	**FY06-11**
MSIM (R-U-I)	Baseline	$ 17.7	$ 18.0	$ 14.9	$ 15.2	$ 15.5	$ 15.7	$ 97.0
	Adjustments	*$ 9.8*	*$ 9.6*	*$ 8.5*	*$ 8.2*	*$ 8.0*	*$ 7.8*	*$ 52.0*
	Total Requirement	**$ 27.5**	**$ 27.5**	**$ 23.5**	**$ 23.5**	**$ 23.5**	**$ 23.5**	**$ 149.0**
Med Equip (R-U-I) SRM	Baseline	$ 52.1	$ 53.2	$ 54.8	$ 43.6	$ 44.2	$ 44.9	$ 292.8
	Adjustments	*$ (6.5)*	*$ (6.8)*	*$ (22.2)*	*$ (6.5)*	*$ (6.0)*	*$ (4.7)*	*$ (52.6)*
	Total Requirement	**$ 45.6**	**$ 46.4**	**$ 32.6**	**$ 37.0**	**$ 38.3**	**$ 40.2**	**$ 240.2**
Planned Capability Sustainment thru Tech Insertion	Baseline	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Adjustments	*$ 1.5*	*$ -*	*$ 17.1*	*$ 11.9*	*$ 9.9*	*$ 7.2*	*$ 47.7*
	Total Requirement	**$ 1.5**	**$ -**	**$ 17.1**	**$ 11.9**	**$ 9.9**	**$ 7.2**	**$ 47.7**
Summary	Baseline	$ 79.8	$ 79.1	$ 77.7	$ 66.8	$ 67.7	$ 68.6	$ 439.8
	Adjustments	*$ 19.9*	*$ 20.5*	*$ 21.9*	*$ 32.9*	*$ 32.0*	*$ 31.1*	*$ 158.4*
	Total Requirement	**$ 99.7**	**$ 99.7**	**$ 99.7**	**$ 99.7**	**$ 99.7**	**$ 99.7**	**$ 598.1**

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Recommendation

- **Approve insertion of total OP funding requirement into AFMS Program Objective Memorandum submission**

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Questions?

- **What's at Risk**
- **Issue/Problem Definition**
- **Background**
- **Process & Timeline**
- **OP Program Specifics (RAPIDS)**
- **OP Program Requirement Summary**
- **Recommendation**

BACKUP SLIDES

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OP Review Team Participants

- Other Procurement Funding: Dave Baker/AFMLO
- AFMS PACS/TR: Dave Baker/AFMLO
- All other equipment OP: Dave Baker/AFMLO
- IMIT Other Procurement (Col Campbell)
  - MSIM (Initial Outfitting & Modernization/Refresh): Maj Johnson/SGRIT
  - CITS MITT-LM Project: Capt Czarzasty/SGRIT
  - Telephony: Maj Koch/SGSA
  - P-GUI: Maj Graves/SGSR & Lt Col Fuller/SGRIC
  - IMIT Resources & Analysis: SGRIP/Lt Col Kras

AFMS Medical Investment Equipment Program Details

Air Force Medical Service

Requirement/Program	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Med/Dent Equipment Sustainment	59,600.0	12,100.0	18,016.7	18,016.7	18,016.7	18,016.7	18,016.7	18,016.7
Med/Dent (RU) Bow Wave		42,215.0	13,910.5	13,910.5		-	-	-
Med/Dent Initial Outfitting	-	6,162.0	3,412.0	3,480.0	3,605.0	3,735.0	3,791.0	3,848.0
PACS Sustainment			7,300.0	8,000.0	8,000.0	8,000.0	8,000.0	8,000.0
Pharmacy Automation	2,200.0	3,000.0	3,000.0	3,000.0	3,000.0	3,000.0	3,000.0	3,000.0
New Mod (R.F.S.) Sustainment (10%)						4,284.7	5,449.0	7,348.6
Total Medical Equipment (R,U,I,S)	61,800.0	63,477.0	45,639.2	46,407.2	32,621.7	37,384.5	38,604.8	40,213.3

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Meeting Recap & Calendar

- New Items
- Action Items
- Meeting Schedule:
  - AFMS Group: Fri., 9 Apr, 1400-1500 (ad hoc re: SPA)
  - AFMS Group: Wed., 14 Apr, 1300-1530
  - AFMS Council: Fri., 16 Apr, 1400-1600 (POM Brief to SG)